

2015

Girls' education

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Recommended Citation

"Girls' education," Momentum newsletter. New York: Population Council, 2015.

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NEWS FROM THE POPULATION COUNCIL

Momentum

NOVEMBER 2015



GIRLS' EDUCATION

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Ideas. Evidence. Impact.

CONSIDER THESE NUMBERS:

126 MILLION YOUNG PEOPLE
aged 15–24 worldwide cannot read or write.



62% of these young
people are female.



57 MILLION CHILDREN
of primary-school age worldwide
are not in school.

54% of these out-of-school
children are girls.



60% OF OUT-OF-SCHOOL GIRLS
in sub-Saharan Africa and South and
West Asia have never been enrolled and
are unlikely to ever enroll in school.

WHEN WE INVEST
IN GIRLS, IT CHANGES
THEIR LIVES AND
ADVANCES SOCIAL,
HEALTH, AND ECONOMIC
DEVELOPMENT.

With **7+** YEARS OF EDUCATION,
girls in developing countries
will, on average:



delay marriage by
4 YEARS



have **2.2 FEWER**
children

than girls with no schooling.

With **1** EXTRA YEAR
of primary-school
education, girls
receive, on average,
10–20%
HIGHER FUTURE WAGES



Babies born to mothers
who can read are
50% MORE LIKELY
TO LIVE PAST AGE 5.

SOURCES:

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IMPROVING GIRLS' EDUCATION; TRANSFORMING GIRLS' LIVES



by Julia Bunting, OBE

High-quality education has the potential to transform girls' lives.

Going to school can help girls gain the skills, knowledge, and opportunities that will enable them to delay marriage and childbearing, earn an income, and actively engage in society. Schooling may also encourage girls and boys to reject harmful gender norms and recognize their equal worth, a change considered fundamental to advancing economic growth and development.

Today, even as more girls than ever remain in school through adolescence, in many developing

countries girls are still less likely than boys to complete primary or secondary school. Girls' education can be disrupted by: unsupportive school or home environments stemming from entrenched gender norms; unintended pregnancy and early marriage; increased risk of violence while traveling to and attending school; and poverty, which leads some parents to see early marriage as an alternative to school for their daughters.

Improving girls' education is a global challenge that calls for evidence-based solutions.

But a groundbreaking Population Council review in 2009 of over 300 girls' education programs found that only 2 of the 11 most common approaches had been proven effective, and less than one-third of programs reviewed had an evaluation planned. In other words,

many approaches to improving girls' education may be intuitively appealing, but there is no proof that they actually result in girls remaining in school, learning and retaining important skills. And if programs aren't evaluated, how can we learn what works—and doesn't work—to improve outcomes? This information is essential to ensure that resources are allocated to interventions that have demonstrated the greatest impact.

The Population Council has been working for over two decades to identify what aspects of girls' education support healthy transitions to adulthood.

In this issue of *Momentum* you will read about our unique longitudinal study with young people in Malawi (page 6); our innovative girls' asset-building program in Zambia (page

12); and what we're learning about the links between pregnancy (page 8), violence (page 10), and girls' educational attainment. Council research is helping to transform comprehensive sexuality education, as you will read about on page 4. And I'm pleased to introduce you to Council researchers Barbara Mensch, Stephanie Psaki, and Chi-Chi Undie (page 14), whose work is helping to shape the field of girls' education.

With limited global resources available for girls' education, we must ensure that investments are informed by high-quality evidence in order to see sustainable change.

The Population Council is proud to be raising the questions and generating the ideas and evidence that will help improve girls' education worldwide.

SHIFTING THE PARADIGM: AN EMPOWERMENT APPROACH TO SEXUALITY AND HIV EDUCATION

Population Council research shows that sexuality and HIV education for young people is more effective when it addresses gender roles and power dynamics—leading to better health outcomes for adolescent girls.

THE PROBLEM Adolescent girls are at risk of unintended pregnancy, sexually transmitted infections (STIs) including HIV, and related poor health outcomes. Globally, of new HIV infections among 15–19-year-olds, two-thirds occur in young women, and more than one in four young women in this age group has experienced intimate partner violence. Pregnancy-related complications and HIV are among the leading causes of death for adolescent girls worldwide. Education has long been considered a key strategy for improving health outcomes; as a result, comprehensive sexuality and HIV education has been implemented in schools, clinics, and community settings around the world. But the effectiveness of these programs has been uneven. Could a dif-

ferent approach to sexuality and HIV education lead to better health outcomes?

THE PROGRESS An increasing body of evidence highlights the role that gender norms and power dynamics can play in health outcomes and overall well-being. For example, young people who adhere to harmful gender norms are less likely to use condoms and contraception. Women and girls who have relatively low power in their relationships tend to have higher rates of STIs and HIV infection and are more likely to experience violence than those who report more equitable status. So the question emerged: could fostering critical thinking about gender and power improve the effectiveness of sexuality and HIV education programs? According to a recent Population Council review,

programs that address gender norms and power dynamics are significantly more likely to reduce unintended pregnancy and STIs than programs that ignore these factors. These findings provide important evidence for an empowerment approach to sexuality and HIV education for young people.

THE IMPACT This work is promoting a paradigm shift in sexuality and HIV education. Findings from the Council's review have received considerable media attention, with coverage in *The Atlantic*, NPR, the *Chicago Tribune*, and *Nature*, among other outlets. Council research has helped to inform the policies and programs of UN agencies, donors, professional associations, and other national and international organizations. Educational resources de-

veloped by the Council and its partners are designed to foster critical thinking about gender, power, and rights. Thus far, *It's All One Curriculum: Guidelines and Activities for a Unified Approach to Sexuality, Gender, HIV, and Human Rights Education* has been translated into six languages and disseminated in over 170 countries and all 50 states.

PARTNERS Deborah Rogow; The International Sexuality and HIV Curriculum Working Group; Creating Resources for Empowerment in Action (India); Girls Power Initiative (Nigeria); International Planned Parenthood Federation (IPPF); IPPF Western Hemisphere Region (Latin America and Caribbean); International Women's Health Coalition; MEXFAM (Mexico)

DONORS Ford Foundation; John D. and Catherine T. MacArthur Foundation; Libra Foundation; The William and Flora Hewlett Foundation; UK Department for International Development; UNFPA



MALAWI SCHOOLING AND ADOLESCENT STUDY (MSAS)

As a unique longitudinal study, the MSAS is providing a wealth of data on the links between formal schooling, health outcomes, and the transition to adulthood among young people in rural Malawi.

THE PROBLEM Adolescent girls in rural Malawi are at high risk of early pregnancy and marriage, sexually transmitted infections including HIV, and related poor health and economic outcomes. Formal education can help reverse these trends, but rural Malawian girls are more likely than boys to drop out of school. Furthermore, schools in rural Malawi typically have limited resources, high student-teacher ratios, and poorly trained faculty working in an environment that often reinforces rather than rejects harmful gender norms.

THE PROGRESS The Population Council is conducting a longitudinal study with a cohort of young people in rural Malawi to better understand how these

factors impact the transition to adulthood for at-risk girls. Over 2,500 in-school and out-of-school young people aged 14–17 were enrolled in the Malawi Schooling and Adolescent Study (MSAS) in 2007 and have participated in repeated assessments of the schooling environment, their experiences in school, learning progress, and health outcomes. Findings from the MSAS have been disseminated in over 35 papers and conference presentations to date, providing rich insights into the lived experiences of youth in a rural sub-Saharan African setting.

THE IMPACT MSAS data are helping to illuminate important links between factors influencing girls' transitions to adulthood, which can then be used to inform effective policies and programs to improve learning,

health, and other outcomes in this population. For example, the MSAS shows that girls are more likely than boys to lose literacy following school dropout, so one strategy may be to target newly out-of-school girls with trainings to maintain these skills. We also found that literate girls tend to marry and have children later than girls who cannot read. Ongoing analyses are exploring whether these effects are causal—that is, learning protects girls—or simply a reflection of key differences between out-of-school girls and their in-school peers in terms of household poverty or parents' support of girls' education. Surprisingly, we found that menstruation is not significantly linked to school absenteeism, suggesting that interventions focused on providing sanitary supplies should perhaps not be considered a front-line strategy to keep

girls in school in this setting. Researchers hope to extend the MSAS now that many of the young women enrolled in the study have begun to bear children, as this presents a rare opportunity to explore the intergenerational effects of girls' education on fertility behavior and childhood outcomes—a critical gap in the current research literature.

PARTNERS Monica J. Grant (Department of Sociology, University of Wisconsin); Christopher R. Sudfeld (Harvard School of Public Health); Invest in Knowledge, Zomba, Malawi; University of Malawi, College of Medicine; Malawi College of Medicine—Johns Hopkins Research Project at Queen Elizabeth Central Hospital

DONORS Eunice Kennedy Shriver National Institute of Child Health and Human Development; John D. and Catherine T. MacArthur Foundation; Spencer Foundation; The William and Flora Hewlett Foundation; UK Department for International Development

GIRLS, PREGNANCY, AND EDUCATIONAL ATTAINMENT

Population Council research is exploring the links between early/unintended pregnancy and school dropout, and identifying effective interventions to keep at-risk girls in school.



THE PROBLEM Schoolgirl pregnancy is often cited as a key barrier to girls' education, yet the relationship between pregnancy and schooling for girls is complex. Some studies show that many pregnant/parenting girls wanted to stay in school, while others show that girls who become pregnant were unlikely to have continued in school, even in the absence of pregnancy, because of poverty, poor school performance, and other barriers. Many countries have policies in place allowing pregnant and parenting school-age girls to stay in school, but in reality girls who become pregnant rarely continue schooling. Thus an education gap persists between girls who experience early/unintended pregnancy and their peers who do not. Closing this gap in places where

schoolgirl pregnancy is common requires a nuanced understanding of the problem; there is no one-size-fits-all solution.

THE PROGRESS The Council and its partners are conducting research to better understand the context and consequences of early/unintended pregnancy and school dropout. For example, a study conducted with out-of-school girls in Kenya found that most dropped out during primary school; of these, nearly 70% cited pregnancy as their main reason for dropout, and almost all said their pregnancy was unintended. In rural Bangladesh, more than half of out-of-school girls surveyed said they left school to be married, and pregnancy typically follows shortly thereafter. Preliminary analyses

from an ongoing study in Malawi suggest that schoolgirls who became pregnant might have been more likely than their non-sexually active peers to drop out, even in the absence of pregnancy.

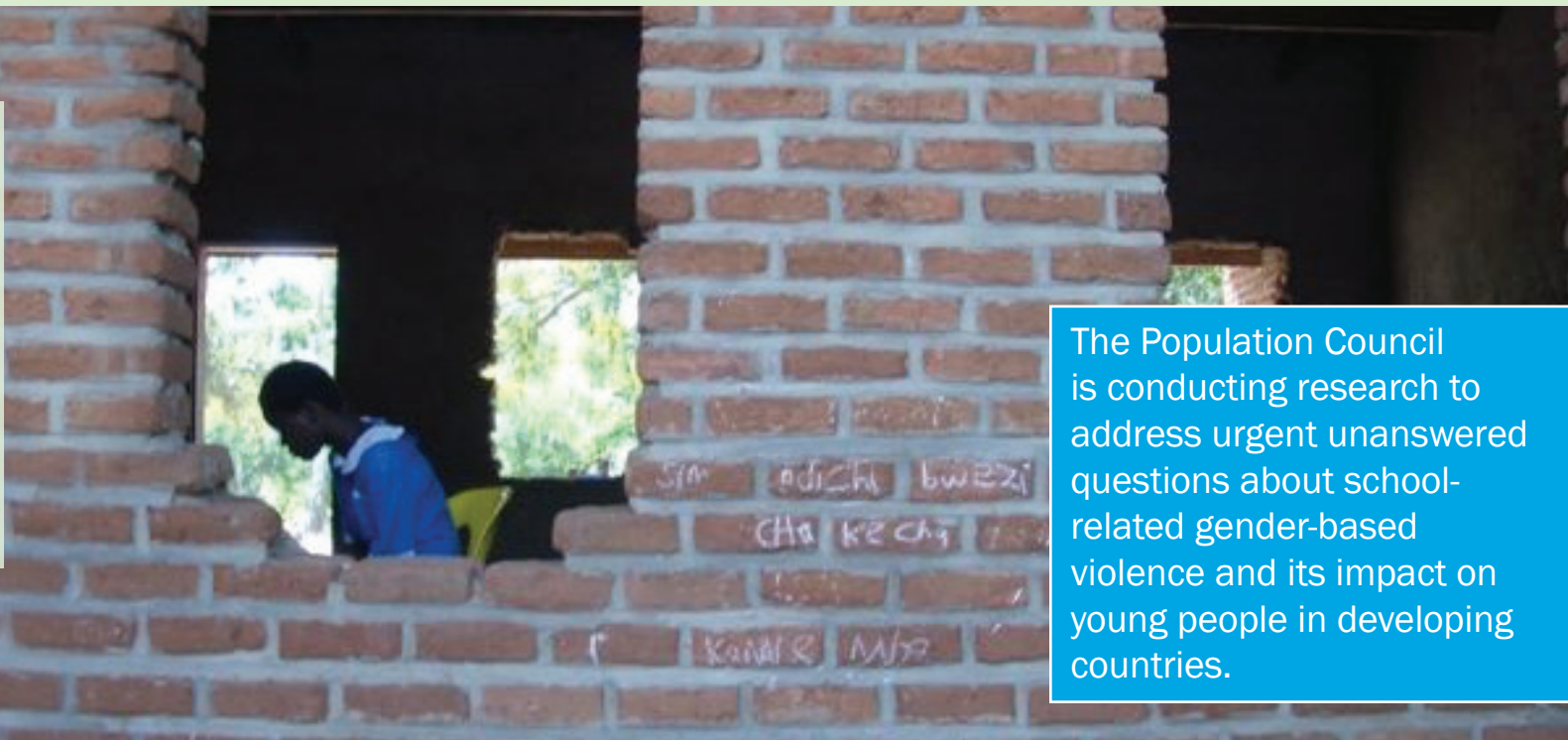
THE IMPACT Council research is helping identify interventions that could improve educational outcomes for girls at risk of pregnancy and school dropout. In Kenya, key strategies include raising awareness and improving implementation of national school reentry policies for teen mothers; reducing stigma toward pregnant/parenting teens; and intervening during primary school, before girls are at risk of pregnancy. In Bangladesh, where the Council is testing various approaches to delaying marriage and keeping girls in school,

cultural norms appear to be shifting in favor of continued schooling for married adolescents; today, one in five married teen girls is attending school—a marked increase over the past decade. Findings from these and other studies will help to inform regional policies and practices that can improve educational outcomes for at-risk girls.

PARTNERS Population Services and Training Center; Centre for International Development Issues Nijmegen; mPower; Ministry of Education, Kenya; and Well Told Story

DONORS The Embassy of the Kingdom of the Netherlands; Partnership to Strengthen Innovation and Practice in Secondary Education; STEP UP (Strengthening Evidence for Programming on Unintended Pregnancy) Research Programme Consortium funded by UK Department for International Development

VIOLENCE AND EDUCATIONAL ATTAINMENT: EXPLORING THE LINKS TO IMPROVE OUTCOMES



The Population Council is conducting research to address urgent unanswered questions about school-related gender-based violence and its impact on young people in developing countries.

THE PROBLEM Formal education can play a key role in improving gender equality, by expanding girls' learning opportunities and by providing alternative views to the dominant gender norms that perpetuate inequality. But there is increasing evidence that school-related gender-based violence (SRGBV), defined by UNESCO as “acts or threats of sexual, physical, or psychological violence occurring in and around schools,” is widespread for both girls and boys in some low-income countries. Beyond the immediate human rights abuse, concern is growing that SRGBV may contribute to earlier school dropout and poorer health outcomes for young people. More research is needed to understand the consequences of SRGBV and to develop effective interventions to

keep young people safe, in school, and learning.

THE PROGRESS Through the Malawi Schooling and Adolescent Study (MSAS), the Council and its partners are exploring the educational challenges faced by young rural Malawians, including the possible effects of violence on grade attainment, learning, and the timing of marriage and childbearing. Preliminary results show that at baseline in 2007, about one in five students—both girls and boys—reported experiencing physical violence perpetrated by a teacher that school year. By 2011, the majority of respondents reported experiencing both physical domestic violence (ever) and physical, sexual, and/or psychological SRGBV (in the previous five years); only 16% had experienced neither school

nor domestic violence. Ongoing analyses of MSAS data are exploring the effects of both domestic violence and SRGBV on school performance for girls and boys, including absenteeism, literacy, and school dropout. The study's longitudinal design allows researchers to assess the potential effects of experiencing violence in one year on school performance in the subsequent year—addressing an important gap in the research. Researchers also plan to explore the effects of SRGBV on sexual and reproductive health outcomes, including unplanned pregnancy and early marriage.

THE IMPACT MSAS research adds to growing evidence showing that SRGBV is widespread among young people in many developing countries. Few rigorous studies have explored the effects of SRGBV on schooling

and health outcomes to date, despite increasing calls from policymakers and researchers to better understand links between violence and long-term outcomes for young people. This study is helping to clarify these relationships, which can inform the design of effective programs and policies to prevent SRGBV and mitigate its consequences.

PARTNERS Monica J. Grant (Department of Sociology, University of Wisconsin); Christopher R. Sudfeld (Harvard School of Public Health); Invest in Knowledge, Zomba, Malawi; University of Malawi, College of Medicine; Malawi College of Medicine—Johns Hopkins Research Project at Queen Elizabeth Central Hospital

DONORS Eunice Kennedy Shriver National Institute of Child Health and Human Development; John D. and Catherine T. MacArthur Foundation; Spencer Foundation; The William and Flora Hewlett Foundation; UK Department for International Development

A photograph of a group of adolescent girls in Zambia, smiling and looking towards the right. They are wearing casual clothing, including a purple and white plaid shirt and a black t-shirt. The background is slightly blurred, showing an indoor setting with windows.

BUILDING GIRLS' ASSETS IN ZAMBIA: THE ADOLESCENT GIRLS EMPOWERMENT PROGRAM (AGEP)

AGEP is reaching over 10,000 vulnerable girls in Zambia with innovative asset-building interventions designed to improve education, health, and economic outcomes.

THE PROBLEM Girls in Zambia face numerous challenges in the transition to adulthood. Many are at high risk of gender-based violence, unintended pregnancy, and sexually transmitted infections (STIs) including HIV. School dropout is common; social isolation, poor access to health services, and limited economic opportunities further increase girls' vulnerability. Existing programs for young people are failing because they do not address the interconnected root cause of these issues: disempowerment.

THE PROGRESS Through the Adolescent Girls Empowerment Program (AGEP), the Population Council and its partners are working with over 10,000 Zambian girls aged 10–19 to identify the best strat-

egies for building girls' assets and improving their health, education, and economic outcomes. AGEP includes girls-only **safe spaces**, weekly mentoring sessions led by young women in the community where girls build social networks and receive health, financial, and life-skills education; **health vouchers** that girls can redeem for general wellness and age-appropriate sexual and reproductive health services; and the opportunity to open **savings accounts** at a nearby bank. Communities where AGEP is being implemented have been randomly assigned to receive the full program (safe spaces, health vouchers, and savings accounts), safe spaces plus health vouchers only, or safe spaces only. Control communities will allow the Council to determine the overall effect of

the program, as well as the added benefit of each program component. The AGEP intervention is underway in five rural and five urban sites throughout Zambia.

THE IMPACT Enrollment and attendance in the weekly safe spaces groups has been consistently high since the program began in mid-2013. More than 4,300 health vouchers have been distributed and used by nearly one-quarter of the girls who received them, and 2,100 savings accounts have been opened. As the two-year intervention nears its midpoint, the data show a positive effect on girls' social assets (stronger self-esteem and enhanced social networks); health assets (increased condom use and less unwanted sex); and economic assets (improved financial

literacy). The remaining three rounds of data collection will show the continued effects of the AGEP intervention on girls' assets, as well as the longer-term impact on girls' educational attainment, health outcomes including STI/HIV infection, timing of marriage and childbirth, and employment and economic status. The Council will also evaluate the cost-effectiveness of the AGEP interventions, which will provide key information for decision-makers seeking to implement asset-building programs for at-risk adolescent girls.

PARTNERS YWCA Zambia; National Savings and Credit Bank of Zambia (NatSave); Zambia Ministry of Health; Zambia Ministry of Community Development, Mother Child Health

DONORS UK Department for International Development

BARBARA MENSCH, STEPHANIE PSAKI, AND CHI-CHI UNDIR

COUNCIL RESEARCHERS

What drew you to this work?

BM: Demographers have long recognized that maternal education stands out in explaining variability in fertility and child mortality within and across societies. I'm interested in learning what it is about the education of women that matters for health and reproductive outcomes.

SP: I've always been interested in gender and empowerment as central issues, and girls' education relates to how gender affects people's lives.

CU: My first project at the Council focused on increasing access to reproductive health services for married girls in Kenya. Interestingly, I would hear from married girls about their desire to go back to school. I started to wonder what happens when girls leave school unexpectedly, and how they get back in. It's such a multifaceted issue—if you're going to do anything to affect reproductive health, you need to focus on girls' education as well.

BM: More than 20 years ago when Cynthia Lloyd (former Council researcher) and I first investigated how school quality and gender differences in schooling experiences affected teens' sexual behavior and school dropout in Kenya, there was initial skepticism about whether the Council, a reproductive health organization, should get involved in education research. But over time there was recognition about the fundamental role of education in transitions to adulthood, which is now a key area of Council research.

What do you see as the biggest challenges facing girls' education today?

SP: The education field has traditionally overlooked the issues of pregnancy and marriage—and the evidence that we have suggests that girls' education programs are likely to be more effective at meeting the needs of all girls if they address sexual and reproductive health.

CU: I agree, and would also add that it's extremely important to address issues related to gender ideologies, especially in this part of the world. I've heard women in Kenya talk about the importance of their sons doing well in school, and some will say, "It's easier with a girl; if a girl performs poorly in school, she can always get married or become a prostitute." I think this is how people often think about girls—that girls are only able to do certain things or belong in certain places—and we need to change that.

What are the most surprising things you've learned through your work?

CU: In Kenya we were funded to strengthen innovation and practice at the secondary school level—not realizing that most girls are not reaching that level. In our sample, 80% of the out-of-school girls dropped out during primary school. If we are to innovate in girls' education here, we have to start much earlier.

BM: There is an enormous amount of grade repetition in Malawi; more than 90% of the teens in our sample have repeated at least one grade. Even after being in school for several years, a nontrivial proportion of our sample still can't read and understand what they're reading.

SP: In the development field there's been an increasing focus on evidence and evaluation, at least in principle. But much of the work being done isn't evidence-based,

and this fact isn't well recognized. Practitioners, donors, and even communities are drawn to programs that sound appealing, but we need to know if these programs are actually keeping girls in school and improving outcomes. If programs aren't evidence-based and having the desired effect, then that money would have been better spent on research and evaluation to help design something that works.

What are some of the key issues you look forward to addressing in the future at the Council?

BM: Trying to establish cause and effect is very difficult in terms of the links between early marriage, early pregnancy, and school outcomes. The question is: do the same underlying factors that cause girls to drop out of school also cause early pregnancy and marriage? There's obviously an association between these outcomes, but it is a much more complex task to identify cause.

SP: Understanding cause and effect is important when you're trying to figure out which interventions will work. For example, if what's driving premature school dropout is really the issue of gender norms and power dynamics, then that's something we need to intervene on much earlier in girls' lives and at a much broader level than just within the schools.

CU: In this field in general, we need to feel more at liberty to be daring and actually try out interventions. At least in Kenya, I find there is a lot of documentation of what the problems are but not how to resolve them. So we spend a lot of time debating the issues—for example, whether or not to introduce comprehensive sexuality education—and it's a stalemate. There seems to be a fear of innovating, of actually trying out an intervention. How do we know what's going to work until we try it?

BM: I agree. In fact, I think conducting and evaluating interventions, particularly randomized controlled studies, will help us understand cause and effect more easily than we've been able to.

CU: I love that I have permission to be daring at work, that I'm expected to be innovative in my approaches and to look for solutions.

SP: At the Council our conversation is constantly about how to figure out what works and how to solve problems. We can have open debates about different approaches.

BM: Entrepreneurial efforts among staff are encouraged—that's one of the reasons I find working at the Council so rewarding. This spirit fosters engagement in new areas of research, such as girls' education.




BARBARA MENSCH, PHD, conducts demographic and social science research in the Council's Poverty, Gender, and Youth (PGY) program. Since joining the Council in 1990, Barbara's research on adolescents has helped to bring the topic of girls' education into the forefront of the Council's work.



STEPHANIE PSAKI, PHD, joined the Council's PGY program in 2013 to support the Council's growing portfolio on girls' education. Stephanie's research focuses on adolescent girls and the intersections between education, violence, and sexual and reproductive health.



CHI-CHI UNDIR, PHD, is a social scientist based in Nairobi with expertise in adolescent girls and sexual and reproductive health. Chi-Chi joined the Council's Reproductive Health program in 2009. Her work presently focuses on married adolescent girls and supporting school re-entry for teen mothers in Kenya.



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THAT WILL HELP
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The Population Council confronts critical health and development issues—from stopping the spread of HIV to improving reproductive health and ensuring that young people lead full and productive lives. Through biomedical, social science, and public health research in 50 countries, we work with our partners to deliver solutions that lead to more effective policies, programs, and technologies that improve lives around the world. Established in 1952 and headquartered in New York, the Council is a nongovernmental, nonprofit organization governed by an international board of trustees.

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